AHCCCS Performance Improvement Project Reporting Format

Contractor Name: Children's Rehabilitative Services
Project Title: Pediatric to Adult Transition Performance Improvement Project
Year Implemented: CYE 2005

Indicator Description #1: The proportion of AHCCCS-eligible CRS members who turned 15 during the measurement period who had a transition plan initiated and documented by their 15th birthday.

Measurement	Measurement Period	Numerator	Denominator	Rate (%)	Relative % change	Statistical Significance*	Indicator Goal
Baseline	7/1/2003-6/30/2004	0	347	0%	N/A	N/A	80%
Remeasurement 1	7/1/2006-6/30/2007	106	369	29%	N/A**	<.05*	80%

* **Specify the test and specific measurements used** (i.e., Pearson's chi square test for baseline to remeasurement 1, remeasurement 1 to remeasurement 2, baseline to final remeasurement, etc.):

The proportion of adolescents who had a transition plan initiated and documented by their 15th birthday increased from zero percent at baseline to 29 percent during the first re-measurement year. A z-test was performed with alpha of .05 and was found to be statistically significant ($p < .05$).

** The formula to calculate relative percent change involves using the baseline measure in a denominator. Because the baseline value for this PIP is zero percent, and division by zero is mathematically undefined, relative percent change between the baseline and first re-measurement period is not reported.

Specify any changes in methodology between baseline and any remeasurement: Provide a brief rationale for the change(s).

There were no changes in methodology between baseline and the re-measurement.

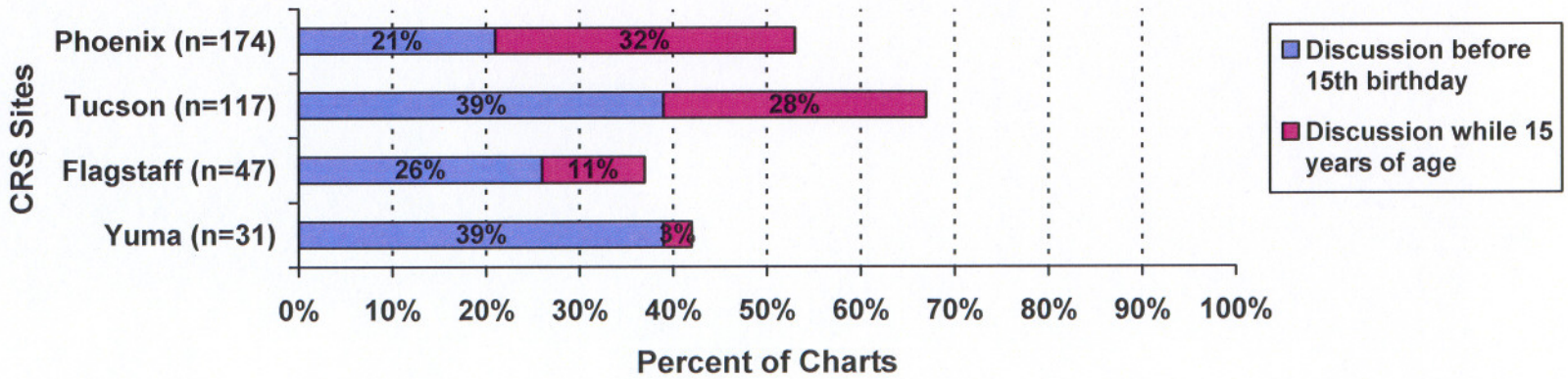
Analysis of Results

Quantitative Analysis:
Describe any additional analysis, comparison with national benchmarks, trends, etc. Identify any changes in goals and/or describe the effect of any methodological changes on results. If a survey was conducted, identify the overall response rate and describe any effect the response rate may have had on results. Discuss the effect of any data limitations on results.

Because none of the charts reviewed for the baseline measure contained documentation of transition discussions, the analysis presented in this section is limited to the re-measurement subjects. This analysis provides a comparison of those adolescents whose charts contained documentation of transition discussion and those whose charts did not.

Of the 369 charts reviewed for the re-measurement year, 106 (29 percent) contained documentation of a transition discussion before the adolescent turned 15. An additional 95 charts (26 percent) contained documentation of a transition discussion while the adolescent was 15 years of age. Figure A shows the percent of adolescents with documentation of a transition plan in their chart by age and CRS site. In Tucson, 67 percent of charts contained documentation of transition planning regardless of age, in Phoenix 53 percent contained documentation of transition planning, in Yuma 42 percent contained documentation and in Flagstaff 37 percent.

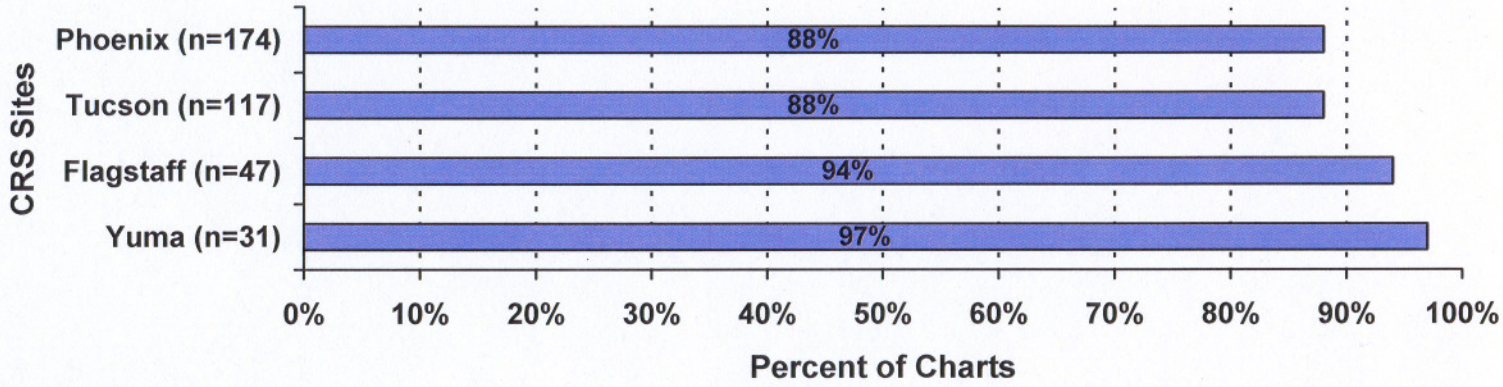
Figure A. Percent of Charts Containing Documentation of Transition Planning by CRS Site and Age of Adolescent



Quantitative Analysis: *continued*

During the re-measurement year, all four CRS sites had policies and procedures that included sending 14 year-old members and/or their parents/guardians information regarding pediatric to adult transition planning via the postal service. Eighty-nine percent of charts reviewed contained documentation that the transition information was mailed. Figure B provides a breakdown of the proportion of adolescents who were sent transition letters or packets by CRS site.

Figure B. Percent of Charts Containing Documentation that Transition Planning Materials were Mailed by CRS Site



An analysis was conducted to determine if age at enrollment into the CRS system was associated with having a documented transition plan. On average, both those who had a transition plan and those who did not were enrolled in CRS at the age of five. Diagnostic category for enrolling condition was also reviewed to determine if adolescents with specific diagnoses were more likely to have documented transition plans. No significant differences were observed.

Members had an average of 4 professional claims processed during the year before their 15th birthday which is likely an undercount as contractors were permitted up to 240 days from the date of service to submit claims to CRSA. Members who had transition plans documented in their chart by their 15th birth date had more claims (average of 4.8) than those who did not have a plan (average of 3.5). This difference was found to be statistically significant ($p < .05$).

Qualitative Analysis:
Describe any qualitative analysis, such as literature search, root cause analysis, Pareto diagram, flow chart, focus groups, etc. Describe barriers and opportunities identified through this analysis.

The National Survey of Children with Special Health Care Needs (NSCSHCN) is a random-digit dial telephone survey that monitors issues pertinent to youth and children with special health care needs. Some of the results of this survey are used as national performance measures for the Maternal and Child Health Title V Block Grant. One such measure is the proportion of adolescents (ages 13 through 17) who receive health care services needed for transition to adulthood. The most recent NSCSHCN results show that, nationally, 5.8 percent of adolescents received transition service. While the methods used to collect the NSCSHCN measure differ from the chart audits conducted for this PIP, and a direct comparison cannot be made, the NSCSHCN measure shows that, in general, transition planning is an uncommon occurrence. This measure was not presented as a national benchmark because of the different methodologies used in the NSCSHCN and the PIP audits.

Barriers to initiating transition planning were identified through chart audits and interviews with key CRS staff. The most substantial barrier in reaching the goal of this PIP is losing clients to follow up. CRSA will explore methods of increasing the accuracy of member contact information so that fewer members are lost to follow up.

Another barrier identified in interviews with CRS staff is that CRS staff members are not always bought in to the idea that talking to 14 year-olds about transition is worthwhile. Some CRS staff felt that 14 year-olds were too young and others felt that many of the members had conditions that did not require a great deal of transition planning. CRSA will be addressing these barriers in booster training sessions with CRS staff.

Coming into the CRS clinic on a more frequent basis was identified as being positively associated with having a transition plan documented in the chart. Additionally, adolescents who had been to the clinic within the past two years were more likely to have documentation of transition discussions in their charts. Thirty-nine of the members whose charts were reviewed (11 percent) had not been seen in a CRS clinic since before January 1, 2004. Of these 39 members, only two (five percent) had a transition plan documented in their chart by the time they reached their 15th birth date.

Interventions			
If this is a Re-measurement Report: In chronological order, list the interventions implemented after analysis of baseline data was completed. Please be specific in describing interventions; e.g., identify the number of new FTEs hired to work on an intervention, the number of provider inservices scheduled, etc.			
Implementation Date (MM/YY)	**Description of Intervention**	**Barrier Addressed**	**Ongoing or End Date**
August, 2005	Conducted trainings for regional sites.	Knowledge and understanding of national standards regarding transition into adulthood with an emphasis on medical transition, educational transition, independent living and community participation.	August, 2005
November, 2005	Utilized nationally recognized experts in the field of transition (from Healthy and Ready to Work) to educate CRS contractors about the multifaceted aspects of transition.	Knowledge and understanding of medical transition, including development of a transition plan and portable medical summary, beginning to shift responsibility for medical care from parent to child, and guardianship issues.	November, 2005
April, 2006	Teleconference training on documentation of transition services to CRS sites.	Definition of components of transition plan, understanding transition time frames, knowing where to document transition activities, understanding responsibilities associated with transition training.	April, 2006

Feb & March, 2007	Three tele-health sessions were held to provide training based on first quarter interim re-measurement findings.	Knowledge of PIP methodology, specific criteria for the primary indicator, guidance on general transition issues.	March, 2007

Strategies for implementing interventions: If this is a Baseline Report, briefly list any specific strategies that will be required to implement the above interventions.

Although this is not a baseline report, CRSA recognizes that, in order to meet the goal of this PIP, additional interventions will be required. CRSA will provide booster educational sessions to remind regional sites that initiation of transition planning must take place before the member turns 15 through a discussion with the member and/or the members' parents/guardians and that documentation of transition planning must be noted in the member's chart.

Training sessions will be held semi-annually and will be used to share best practices around transition planning and enhance the sites' understanding of the PIP requirements. Topics to be addressed during training sessions with the CRS staff include integrating transition planning into regular care, missed opportunities of discussing transition planning to members who are regularly seen in the clinics, and not waiting until the member's 14th birthday to initiate transition discussions. The value of transition planning will also be discussed in an effort to move CRS staff in a direction to better appreciate the importance of pediatric to adult transition. The training sessions with CRS staff will be interactive to identify reasons they believe transition planning is important and to explore other opportunities to facilitate transition discussions.

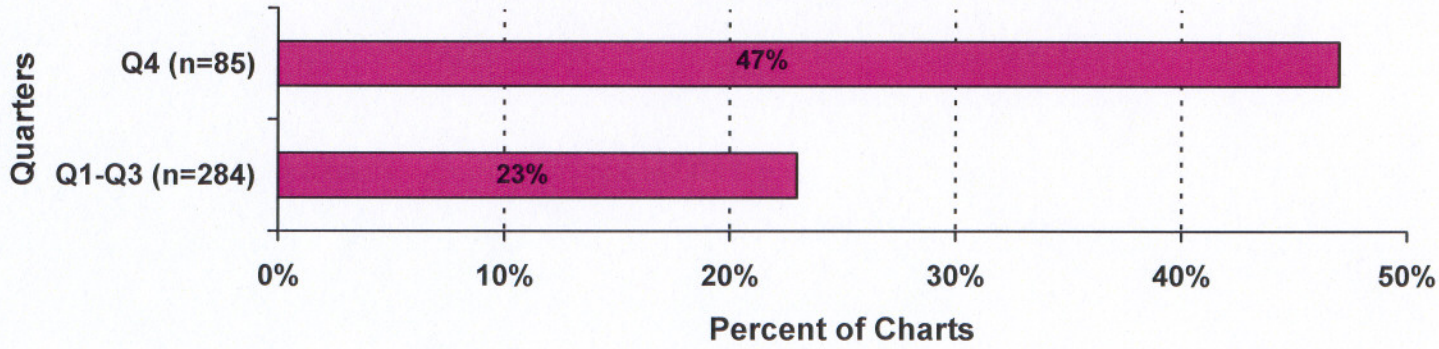
Assessment of Improvement
If demonstrable improvement in study indicators is achieved from baseline to re-measurement: Describe how the improvement can be reasonably attributed to interventions, rather than due to another unrelated reason. Although CRSA did not reach the goal for this PIP, interventions are having an impact. At baseline, none of the charts reviewed contained documentation of transition planning discussions for members turning 15 years of age. Communications with the Regional Sites revealed that some transition planning was taking place, but was not being documented. As a result of these findings, CRSA conducted trainings for the sites to improve their understanding of transition services and increase their compliance with documenting transition planning activities. After the trainings, all four sites implemented new practices related to provision and documentation of transition services for adolescents reaching their 15th birth date. CRSA does not know of any outside intervention or activities that would explain the improvement in the study indicator.

If demonstrable improvement in study indicators is not achieved from baseline to remeasurement: Briefly describe the probable reason(s) that improvement was not achieved. Identify proposed actions to revise, replace and/or initiate new interventions, as well as the timeframe for implementing these activities.

Although demonstrable improvement was seen, none of the four Regional Sites met the goal of this PIP. An interim re-measurement was conducted for the first quarter of the re-measurement year to evaluate the sites' performance and determine if further intervention was needed. The interim analysis revealed that, while all of the sites showed demonstrable improvement, they were operating under the assumption that sending the member a letter to educate the member about transition issues and services would suffice to meet the requirements for this PIP. Additional training was conducted in February and March of 2007. At this time, sites were informed that, in the absence of a transition discussion, sending a letter and/or packet of materials related to transition would not meet the requirement for this PIP. In response to this training, the sites' practices were amended. Unfortunately, the largest site was unable to implement the necessary changes to their practices until April of 2007, after the majority of the subjects for the re-measurement year had already turned 15.

Figure C shows that members who turned 15 during the last quarter of the re-measurement period (after sites were informed that a letter would not suffice for compliance on this PIP) were twice as likely to have a transition plan documented in their charts than those who turned 15 during the first three quarters ($p < .05$).

Figure C. Percent of Charts Containing Documentation of Transition Plan By Quarter in which Member Turned 15, CY 2007



These results suggest that training conducted during the third quarter of the re-measurement year had a demonstrable impact on the fourth quarter's data. CRSA anticipates that further gains can be expected in the upcoming re-measurement year.

If this is a final remeasurement report: Briefly discuss the extent to which the PIP was successful and any follow-up or ongoing activities planned. In addition to the study indicators, describe any documented, quantitative improvements in processes or outcomes related to this PIP.

This is not a final re-measurement report.